



Cobb County DOT, Traffic Operations Division
1890 County Services Parkway
Marietta, GA 30008
Phone: 770-528-3666 Fax: 770-528-2496
Email: cobbdot@cobbcounty.org

Temporary Lane Closure Permit
Page 1 of 2

TEMPORARY LANE CLOSURE PERMIT

(Unincorporated Cobb County Roads excluding State Routes)

_____ (**Applicant/Contractor**) is requesting permission from Cobb County Department of Transportation to close one ☐ or two ☐ _____ (NB,SB,EB,WB) lane(s) of _____ between _____ and _____. This temporary lane closure is scheduled for: _____ Day(s) beginning on: Month _____ Day _____ Year _____ and ending on: Month _____ Day _____ Year _____. The purpose of this temporary lane closure is: _____

This lane closure is located in Commission District _____. The on-site contact person is: _____ who can be reached by cell phone number at: _____

By Applicant/Contractor's signature below, the Applicant/Contractor agrees to release, defend, indemnify and hold harmless Cobb County, its agents, employees and commissioners from any and all liability for, from and against any and all claims, actions, demands, damages, costs, liabilities, losses and expenses (including reasonable attorneys' fees) arising out of or personal injuries or property damage sustained by any person in connection with any activities for which this permit is issued. The Applicant/Contractor also agrees to comply with the following: Cobb County Department of Transportation and State of Georgia rules and regulations, as well as any United States Department of Transportation rules and regulations provided in the U.S. Department of Transportation Manual on Uniform Traffic Control Devices for Streets and Highways latest edition (MUTCD).

1. Submit a traffic control plan for the section of road to be partially closed that meets Cobb County Department of Transportation requirements. Note on the plans any circumstances that may require special attention. Attach a traffic control plan with this Permit request.
2. Temporary Lane Closures are allowed only between **9:00AM and 4:00PM Monday through Friday**.
3. All flaggers must be certified by IMSA, ATSSA or similar, and have certifications available on-site for inspection.
4. All signs are to be installed per the current edition of the **MUTCD**.
5. The Applicant/Contractor understands it is the Applicant/Contractor's responsibility to install and maintain all signs, barricades, flashers, etc., in strict accordance with the requirements of Cobb County Department of Transportation and other applicable regulations. It further understands that Cobb County Community Development or Cobb County Department of Transportation may in its sole discretion suspend construction and/or this permit for any failure on its part to meet the above requirements. It further understands that Cobb County Community Development, Cobb County Department of Transportation, or Cobb County Risk Department may in its sole discretion modify, suspend or revoke this Temporary Lane Closure Permit for any reason, including but not limited to unusual traffic patterns, weather and/or conflicting construction activities.



Cobb County DOT, Traffic Operations Division
1890 County Services Parkway
Marietta, GA 30008
Phone: 770-528-3666 Fax: 770-528-2496
Email: cobbdot@cobbcounty.org

6. A copy of this permit and traffic control plan must be on-site during the lane closure.
7. Do not close lane if closure is in conflict with another closure or other construction activities are in the area.
8. The Applicant/Contractor will assure adequate and timely notice to properties directly impacted, if any, and will be responsible that the progress of work occurs in a timely manner.
9. Lane closures that extend beyond the permit period will be in violation of County ordinances and such violations may be considered when issuing future Temporary Lane Closure Permits.

The person requesting this permit certifies that he/she is authorized to do so on behalf of the Applicant/Contractor.

REQUESTED BY APPLICANT'S/CONTRACTOR'S AUTHORIZED REPRESENTATIVE:

(Authorized Requestor's Name in Print)

(Date of Request)

(Authorized Requestor's Signature)

(Fax Number)

(Title/Company)

(Telephone Number)

(24 Hour Contact Number)

(Email Address)

FOR DEPARTMENT USE ONLY

Request Approved ☐

Approved with modifications ☐

Rejected ☐

Additional Comments:

(Approving Signature)

(Date Approved)

THIS PERMIT WILL BE VALID ONLY FOR THE DAYS ISSUED AND IN NO EVENT EXCEED THIRTY (30) DAYS FROM THE DATE APPROVED.